

[illegible]

MONTHLY CHANGE SUMMARY

INSTRUCTIONS

1. Self-explanatory.
2. Self-explanatory. (SHBP Location Number is indicted on the billing report.)
- 3a. Enter the total number of enrollment forms you are submitting with the Monthly Change Summary statement for employees you have enrolled for the first time in the Program.
- 3b. Enter the total number of enrollment forms reflecting coverage changes being submitted with the Monthly Change Summary statement.
- 3c. Enter the total number of forms indicated in items 3a. and 3b. of the summary statement.
- 3d. Enter the total number of employees you have identified on the Transmittal of Deletions statement whose coverage has terminated due to death, retirement, or termination. If there are no deletions in any month, please place a zero in this item do not attach a Transmittal of Deletion to the Monthly Change Summary statement.
- 3e. Enter the total number of employees who rejected coverage and submit their forms with the summary statement.
4. Please sign and date this form.
5. Self-explanatory.